

MEDICAL CLAIMS CONCILIATION PANEL
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Claim of)	MCCP No. _____
)	
_____ ,)	AFFIDAVIT IN SUPPORT OF
Claimant,)	EX PARTE MOTION TO
)	WAIVE FILING FEES
vs.)	
)	
_____ ,)	
Respondent.)	
)	
_____)	

AFFIDAVIT OF IN SUPPORT OF
EX PARTE MOTION TO WAIVE FILING FEES

CITY AND COUNTY OF HONOLULU)	
)	
STATE OF HAWAII)	SS.

I, _____, having been first duly sworn on oath, deposes
and says:

1. That I am the Claimant in the above-captioned matter;
2. That I am not financially able to pay the filing fees of said proceeding;
3. That I believe that I am entitled to redress, and that the issues which I desire to
present as part of my claim are the following: (List issues; attach additional sheet, if needed)

a.

b.

c.

4. I further state that the responses which I have made to the questions and instructions listed below relating to my inability to pay the required filing fees are true.

a. **Are you presently employed?** (Check one)

_____ Yes. I receive \$_____ per month.

List employer's name and address:

_____ No. The last employment I had ended on _____.

I received \$_____ per month while I was employed.

b. **Have you received within the past twelve months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, or other source?** (Check one)

_____ Yes. If the answer is yes, describe each source of income, and state the amount received from each during the past twelve months.

Source of Income	Amount Received
------------------	-----------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ No.

c. **Do you own any cash or checking or savings account?** (Check one)

_____ Yes. The total value of the items owned is \$_____.

_____ No.

- d. **Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furnishings and clothing? (Check one)**

_____ Yes. The total value of the items owned is \$_____.

_____ No.

- e. **List the persons who are dependent upon you for support and state your relationship to those persons.**

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

I understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury.

Further, Affiant sayeth naught.

Subscribed and sworn to before
me this _____ day of _____, 200__.

Notary Public, State of Hawai'i

My Commission expires: _____